0919: REVIEW OF THE DIAGNOSTIC VALUE OF PROCALCITONIN IN A CARDIOTHORACIC ICU

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Aim: We performed a review of the utilisation and interpretation of Procalcitonin in a cardiothoracic ICU with the aim to assess its role as biomarker of infection and its impact on patient antimicrobial management.
Methods: A retrospective analysis was performed; data from our laboratory system (wIntegrate) was extracted and analysed for every ICU patient who had a Procalcitonin level taken over a 12 month period.
The electronic records (CIS) were reviewed for the following clinical information; cardiothoracic procedure, presence of any Intra-aortic balloon pump (IABP) or Ventricular Assist Device (VAD), renal placement therapy, postoperative time period from surgery to PCT level being tested, antibiotic therapy including duration of therapy and impact of PCT on antibiotic therapy.
Results: Our data suggests suboptimal utilisation of this biomarker. PCT was predominantly tested in isolation, with some patients already being commenced on broad-spectrum antimicrobial agents for several days prior to PCT testing. This consequently made interpretation difficult.
Conclusion: The role of PCT in aiding antimicrobial stewardship is promising. Evidence appears to support its adjuvant role as a negative predictor of infection that should be measured serially. When used accordingly in this context with clinical judgement it could prevent indiscriminate and inappropriate antimicrobial use.

Posters: Case Reports

0027: A THREE YEAR OLD GIRL WITH UNDIAGNOSED PERFORATED APPENDIX AND PELVIC ABSCESS PRESENTING WITH ACUTE URINARY RETENTION

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Introduction: Urinary retention in children is a rare occurrence. When it occurs, it is most times associated with a pelvic or spinal pathology other than a primary urinary tract disease. As Urology trainees we are often referred such cases to assess and find the cause of retention.
Case study: We present the case of a three-year-old girl who presented with a 72-hour history of abdominal pain, vomiting, low appetite, temperatures and not passing urine. She was found to have a palpable bladder on admission and subsequently catheterised with a residual volume of 280 ml. She was initially treated for suspected urinary tract infection but as she subsequently failed to pass urine and was still febrile a Urology opinion was requested. When reviewed she was tender in the suprapubic area and right iliac fossa and an ultrasound scan confirmed a perforated appendix and pelvic abscess. She was managed surgically in a tertiary paediatric hospital.
Conclusion: We found 11 similar published cases in children below the age of 10. What is often forgotten is that retention is a symptom and not a diagnosis and highlights the importance of considering alternative non-urological diagnoses when referred a paediatric patient with urinary retention.

0031: GALLSTONE SIGMOID ILEUS: A NOVEL NEW MANAGEMENT TECHNIQUE

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Introduction: Sigmoid gallstone ileus is an extremely rare condition with very few cases documented worldwide. It commonly presents in the 6–8th decade of life as acute large bowel obstruction and is potentially life threatening. Previous intervention has encompassed endoscopic retrieval/fragmentation of stone as first-line. Laparotomy and significant bowel resection have been reported where endoscopic methods have failed. Such invasive surgery is associated with significant morbidity and mortality in this patient cohort.
Case study: A unique surgical approach was undertaken at St Helier Hospital on an 89 yr old lady with gallstone sigmoid ileus. CT confirmed obstruction with impaction of a 4 × 4 cm gallstone within a sigmoid diverticulum. Flexible sigmoidoscopy was unsuccessful. A laparotomy was performed. The gallstone was unable to be delivered distally. The gallstone was milked retrograde along the large bowel to the caecum. Appendicectomy was performed, with the appendiceal opening dilated allowing evacuation of the gallstone.
Conclusion: There are no internationally agreed criteria for management of emergency large bowel obstruction secondary to gallstone ileus, nor has this technique been reported previously. This management offers a creditable alternative to bowel resection, where conservative management has failed.
This method of management is both feasible and potentially reproducible in other general hospitals or tertiary centres.

0122: CASE REPORT: A RARE FINDING OF SPIRAL TACKS IN BLADDER AND AN INNOVATIVE METHOD OF REMOVAL

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Introduction: Laparoscopic mesh repair of inguinal herniae is amongst the most common operations. Use of spiral tackers is a common and accepted method of mesh fixation. Complications specific to spiral tackers are rare but a few examples are noted in the literature, but no case reports are dedicated to bladder injury.
Case study: We present a case of spiral tacks in the bladder, and an innovative method for their removal. A 59 year-old female underwent a laparoscopic mesh repair of a right inguinal hernia in February 2013. One year later she presented with recurrent urinary sepsis. Flexible cystoscopy revealed two spiral fixation clips on the posterior bladder wall.
Endoscopic removal of foreign body of bladder was attempted in April 2014, but was unsuccessful as the clips were too embedded in the bladder wall to be safely removed with biopsy forceps. Another atttempt was made in August 2014. A 5 mm laparoscopic balloon port was placed through the lower abdomen into the bladder. The balloon was inflated and the port secured to prevent extravasation of irrigation. A Johan grasper was used to unscrew the spiral tack, which was removed whole.
Conclusion: The patient was reviewed two months later. She had no further symptoms and was discharged.

0127: BABY E: AN ETHICALLY CHARGED CASE

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Introduction: Baby E, an identical twin, is the only reported child with this degree of ultra-short bowel syndrome, and is now a thriving toddler maintained on daily parenteral nutrition.
Case study: Extensive bowel resection following malrotation and midgut volvulus resulted in complete loss of jejunum and ileum, leaving her with only partial duodenum and partial colon. Should her identical twin sister wish to donate a portion of small bowel for transplantation, Baby E could achieve enteral autonomy without the need for lifelong immunosuppression. E's parents have indicated a desire to pursue this course of treatment, but E is likely to require intervention before adulthood, perhaps before the twins reach Gillick competence. Preliminary research into the willingness of transplant surgeons to perform such an operation suggests that the wishes of Baby E's parents are not concordant with those of medical professionals with the required expertise.
Conclusion: Her story raises many ethical questions pertinent to the care of life-threatening paediatric surgical conditions: How do we decide on a course of treatment when there is no clear best choice? When the patient is a baby, who should choose what treatment is best for them? How do we communicate life and death decisions to parents?

0175: GOING OFF LICENCE CAN SAVE LIVES: COMMON CAROTID ARTERY STENTING AS AN ADJUNCT TO EMERGENCY REPAIR OF CAROTID-PHARYNGEAL FISTULA